

S4 Care Ltd

# Alston House

## Inspection report

380 Aylestone Road  
Leicester  
LE2 8BL

Tel: 01162915601

Date of inspection visit:  
27 January 2020  
28 January 2020

Date of publication:  
02 March 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Alston House is a residential care service providing personal care and accommodation to older people, people with mental health needs, people living with dementia, people with learning disabilities, people with physical disabilities, people with sensory impairments and younger adults.

At the time of the inspection the service was providing personal care to 17 people.

People's experience of using this service and what we found

The provider had not fully developed effective systems to monitor the quality of care and support people experienced. Safe fire systems were not systematically in place.

Staff went through a recruitment process so that the provider only employed suitable staff, though the system was not robust.

Staff had received training to provide knowledge and skills which enabled them to do their job well and effectively meet people's needs.

People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Care plans provided guidance for staff to follow to meet people's needs. Risk assessments reduced risks to people.

People received their medicines as prescribed and they were protected from the risk of infections through staff working practices. There were enough staff to meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity, they supported people to be independent.

People were involved when deciding how support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure they received help to maintain their health and well-being.

People knew how to raise any concerns or make a complaint. The provider had a system in place to respond to complaints and put things right. The complaints policy provided information about how these would be managed and responded to.

People and staff spoke positively about the management and leadership of the service. They said staff were very friendly and caring, and they had built good relationships with them. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

This was the first inspection of the service under a new provider.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well Led findings below.

**Requires Improvement** ●

# Alston House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a residential home. It provides personal care and accommodation to older people, people with mental health needs, people living with dementia, people with learning disabilities, people with physical disabilities, people with sensory impairments and younger adults.

The service had a manager who was registered with the Care Quality Commission. This means that when a manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service. This included notifications. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who lived in the home about their experience of the care provided. We also spoke

with three relatives, a visiting health professional, four members of care staff, the cook, the registered manager and the acting manager.

We reviewed a range of records. This included three people's care records and seven medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The acting manager sent us additional evidence after the inspection visit to follow up on the issues raised in the report.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. One member of staff's DBS indicated previous criminal activity and the provider had not conducted a risk assessment to show how they mitigated the risk of the person working with vulnerable people. This meant people had not been comprehensively protected against the risk of having unsuitable staff providing care to them. Action was taken during the inspection after the risk was highlighted.
- References had been taken up.
- There were sufficient staff to keep people safe. People and staff confirmed this.

### Assessing risk, safety monitoring and management.

- An assessment of health and safety of premises had been carried out for the home. One fire exit in a bedroom was locked. The nominated individual stated that the fire exit was not needed but this would be checked with the fire assessor. This meant there had been a risk to people's safety as this issue had not been checked at the time the exit was locked.
- The health and safety assessment included plans to evacuate people in the event of fire. Fire checks were in place including holding fire drills. There were individual personal evacuation plans for people in place.
- Management had assessed individual risks to people's safety. Information was in place for staff if action needed to be taken to reduce these risks. For example, a risk assessment was in place for people who had distressed behaviour.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, staff reminded people to use walking aids to prevent them falling.

### Systems and processes to safeguard people from the risk of abuse.

- People said they felt safe and secure with staff. A person said, "Yes. Staff are good. I feel perfectly safe."
- Staff members had been trained and knew how to recognise signs of abuse and the action to take, including referring any incidents to a relevant outside agency if needed.
- A whistleblowing procedure was in place for staff to report concerns to outside agencies if they were not confident that management would deal with the incident properly.

### Using medicines safely

- People said staff always gave them their medicines. Records showed that people had received their medicines at prescribed times.
- We saw staff supplying people with medicine. This was carried out correctly with the staff member staying

with the person until they had taken the medicine and provided a drink to help them swallow it.

- Medicines were stored safely. Temperatures in the medicine room were monitored to ensure medicine stored in line with the manufacturer's guidelines.
- Medicine audits checked that medicine had been administered to people as prescribed.

#### Preventing and controlling infection

- The premises were clean.
- Staff were aware of the need to use protective equipment when supporting people with personal care.
- Staff had been trained on reducing the spread of infections. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing any task to prevent infections being passed to people.

#### Learning lessons when things go wrong

- The acting manager said that they were aware of the need to learn if situations had gone wrong.
- Lessons had been learnt and action was taken to prevent re-occurrence. For example, the provider had changed supplying pharmacies when there had been issues with medicines supplies.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that management asked them to read care plans and these helped them to provide care that met people's needs.
- Staff we spoke with received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People said they thought staff had been well trained to support them. One person said, "Staff know how to help me. I have had no problems."
- People were supported by staff who had received ongoing relevant training. They had received induction training and further training such as how to effectively support people when they moved, and how to safeguard people. There was evidence that a more detailed induction was being introduced by the provider to include the nationally recognised care certificate.
- Staff had been given opportunities to review their individual work and development needs in direct supervision and appraisal sessions.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they liked the food provided. One person said, "The food is very good. If I don't like something the cook will do something else for me." People were provided with food of their choice after staff asked them what they wanted.
- Staff had information about people's needs to ensure that the food was safe for people to eat and drink. Other drinks and snacks were always available to people to ensure they were not hungry or did not become dehydrated.
- Staff were aware of people's dietary requirements, such as catering for people with diabetes. Food provided respected people's cultural choices.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively with a range of health and social care professionals to support people
- People's care plans included information on meeting health and social needs. Information was included about working with district nurses and GPs.

Supporting people to live healthier lives, access healthcare services and support

- People said that if they needed to see a doctor, this was arranged. They said staff helped them with their healthcare needs. One person said, "Yes. They get the doctor if I am not well."

- People's health and wellbeing was supported by staff. Records of people's care showed this happened as there was contact with a range of professionals such as community nurses, GPs and consultants. A visiting community health support worker said staff swiftly reported issues and were responsive in following advice on people's health.
- People confirmed that staff encouraged them to have dental appointments and to brush their teeth. This information was included in people's care plans.
- If people had an accident staff knew they had to call the emergency services to obtain healthcare. Staff said they did this when people had an accident, which records confirmed.

#### Adapting service, design, decoration to meet people's needs

- People generally said they were happy with the home's facilities and they liked their bedrooms. Some people and some staff stated facilities needed to be refurbished, which is what we observed for damaged paintwork. The nominated individual said this was planned for the near future.
- People were able to personalise their rooms with their own belongings.
- Many doors in the home were squeaky, which could cause a noise nuisance and upset people. The acting manager said this issue would be attended to.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found this to be the case.

- Staff were trained to understand the MCA. Authorisations had been obtained from the DoLS team to show this was being done lawfully.
- People said they were asked for their permission before being provided with support from staff.
- Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.
- Not all staff were aware of what the MCA was for. The acting manager said that staff would be reminded about this issue, as they had already received this training.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said that staff were friendly, kind and caring. One person said, "Staff are really good. They are interested in you and always say hello to you." A relative told us, "Staff always greet me when I visit. They are always friendly." People said they were treated fairly. Conversations between staff and people were relaxed, friendly and positive. People were praised by staff for their involvement in activities and appearance, which they appeared to enjoy.
- The service's statement of purpose included a statement of rights; including the right to be treated in a respectful and dignified way. People said they could go to places of worship if they wanted, with staff support if needed.
- A visiting health professional said that staff were always friendly and respectful to people.
- Staff were aware of people's cultural needs. For example, their food preferences.

Supporting people to express their views and be involved in making decisions about their care

- People said they had been involved in planning their care. A person said, "I remember talking about my plan. I get all the help I need."
- People said management checked that they were satisfied with the service they received. For example, in residents' meetings people had been asked about their food and activity preferences.
- Reviews of people's care had taken place. People confirmed that they had been consulted about whether the care provided still met their needs.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity. One person said, "When staff help me with washing, they respect my privacy."
- Care plans had information about people's preferences. One person said, "I want to stay in bed and this is respected." People said they were able to choose their lifestyles, such as choices for getting up or staying in bed, involvement in activities and food and drinks choices. People said they could do things when they wanted to.
- People said staff supported their independence to be able to do the things that they could do, such as doing their own personal care if they were able to do this.
- People said staff respected their beliefs. One person said, "If I wanted to go to church, this would be ok."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said they were happy with the care provided. One person said, "I get all the care I need. Staff come quickly if I call."
- Staff responded to people's needs. For example, a person asked that curtains in the lounge were tied back so that there was a better view out. Staff quickly responded to this.
- Care plans had information about people's preferences and this covered their life histories and likes and dislikes. This meant staff had detailed information to assist them to meet people's individual needs, such as their routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them.
- The acting manager said that no one needed alternative methods of information, though the service user guide could be offered in large print to assist people with visual difficulties.
- Other formats, such as translating information into people's first languages, could be provided if this was needed in the future.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Care plans contained information about what they enjoyed doing.
- There were activities for people. These included outside entertainers, music sessions, games, watching films, and going on trips out. The acting manager said they had ordered chicks, so people could see them growing and would be naming them. They also said a pet, such as a cat, would be considered after speaking with people.
- Staff said that people were offered activities and it was people's choice as to whether they took part.

People confirmed this was the case. □

- Links with family, friends and the local community were promoted. People and relatives said that visitors were welcomed by staff.

Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint. No one said they had any complaints. People

were confident that the management team would rectify any issues when they occurred. This gave reassurance that swift action would be taken if needed.

- There was a complaints policy and procedure in the service user's guide. The procedure for complaints included information about how to make a referral to outside bodies if the complainant was not satisfied with the provider's investigation. This information was not included in the service users guide. The nominated individual said this would be addressed.
- A small number of complaints had been made. These had been followed up to rectify issues, however, not all complainants had been given a written reply. The acting manager said this would be supplied in the future.

#### End-of-life care

- Some people's end of life wishes were included in their care plans. The registered manager and acting manager agreed details were sparse and it was the intention that this would be discussed further with people and their relatives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The acting manager had been delegated the responsibility to carry out management tasks with the registered manager overseeing the service.
- A number of quality audits were carried out to drive improvement of the service. However, we saw some audits had not been carried out such as staff training, supervision and staffing levels. The staff recruitment audit had not identified that a risk assessment was needed for a staff member with a past issue. The maintenance audit did not always indicate when issues would be rectified. The health and safety audit had not included whether access to a fire door was needed. This meant there was a possible risk to people's safety.

The registered manager said these systems would be reviewed and followed up.

- A manager was registered with CQC. They and the acting manager knew about legal responsibilities under CQC registration, including notifying CQC of significant events and incidents in the service. However, there were two incidents of possible abuse that had not been reported. The registered manager acting manager said these issues would be followed up reported.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support for the people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had the opportunity to share their views about the service in residents' meetings and surveys provided to them. Staff had also received a survey to put forward comments about whether improvements were needed. However, there was no evidence that people or staff views had been acted on, such as the need for better decor. The acting manager said these issues would be followed up.
- People said they were happy living in the home. One person said, "This is a good home with lovely staff."
- Staff were supported to share their views about people's care directly with the acting manager, and in staff meetings. They said they felt confident they could always raise any issues and ideas to further improve the service.
- Management staff promoted positive team working. One staff member told us, "We work well as a team. Everyone pulls together and we like working here."

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility

- People said that individual care was provided around their needs and preferences.
- Management worked closely with healthcare professionals to improve people's health.
- The registered manager and acting manager understood their duty of candour responsibility, to apologise and explain to people and their representatives if things had gone wrong.

Continuous learning and improving care

- There were reviews of people's needs to ensure the care provided was appropriate. People were provided with the care they needed.
- Staff meeting minutes showed that different issues were discussed each month to remind staff about important issues such as training and infection control.

Working in partnership with others

- The service worked with a range of health and social care professionals.
- People were supported to use local services if this is what they wanted.